

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390086	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 07/26/2023
NAME OF PROVIDER OR SUPPLIER: PENN HIGHLANDS DUBOIS STATE LICENSE NUMBER: 135501		STREET ADDRESS, CITY, STATE, ZIP CODE: 100 HOSPITAL AVE DUBOIS, PA 15801			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
P 0000	INITIAL COMMENT	P 0000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE					
TITLE:					
(X6) DATE:					

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P 0000	<p>Continued from page 1</p> <p>This report is the result of an unannounced onsite complaint investigation (CEN23C141J) concluding on July 26, 2023, at Penn Highlands DuBois. It was determined that the facility was in compliance with the requirements of the Pennsylvania Department of Health's Rules and Regulations for Hospitals, 28 PA Code, Part IV, Subparts A and B, November 1987, as amended June 1998.</p> <p>This Facility continues to be under a Plan of Correction with other surveys that have been conducted. Those deficient practices and the associated regulations are enumerated below; however, they are not included in this specific report. Each Statement of Deficiency, for the surveys below, was forwarded under a separate cover to Penn Highlands DuBois with directions to file a Plan of Correction for each.</p> <p>1. An unannounced complaint investigation (0KK411), which concluded on January 27, 2023.</p>	P 0000			

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P 0000	Continued from page 2 117.41 (b) Emergency Patient Care 2. An unannounced complaint investigation (M47N11), which concluded on May 15, 2023. 147.31 Housekeeping Services-Procedures			P 0000			



Certified End Page

PENN HIGHLANDS DUBOIS

STATE LICENSE NUMBER: 135501

SURVEY EXIT DATE: 07/26/2023

**I Certify This Document to be a True and Correct Statement of Deficiencies and
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in black ink that reads "Jeane Parisi".

Jeane Parisi
Deputy Secretary for Quality Assurance

A handwritten signature in black ink that reads "Debra L. Bogen MD".

Debra L. Bogen, MD, FAAP
Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY